

09/25/01
9961 U.S. PTO

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PTO/SB/05 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

APPLICATION ELEMENTS		ADDRESS TO		
<p>See MPEP chapter 600 concerning design patent application contents.</p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 22] (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed Sponsored R & D - Reference to sequence listing, a table, or a computer program listing Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6] 5. Oath or Declaration [Total Pages 1] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) </p> <p>1. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper number of pages c. <input type="checkbox"/> Statements verifying identity of above copies </p>		
ACCOMPANYING APPLICATIONS PARTS				
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (2)</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>17. <input type="checkbox"/> Other:</p>				
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)</p> <p>Prior application information: Examiner _____ of prior application No: 09/932,240 / August 17, 2001 Group Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>				
19. CORRESPONDENCE ADDRESS				
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Name (Print/Type)	Robert C. Colwell		Registration No. (Attorney/Agent)	27,431
Signature			Date	September 25, 2001

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 710)

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	Murotani, Akira
Examiner Name	
Group Art Unit	
Attorney Docket No.	16869S-032010US

METHOD OF PAYMENT					FEE CALCULATION (continued)				
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:									
Deposit Account Number	20-1430				Large Entity Fee	Entity Fee	Small Entity Fee	Entity Fee	Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Paid					Fee Paid
105	130	205	65		Surcharge - late filing fee or oath				
127	50	227	25		Surcharge - late provisional filing fee or cover sheet				
139	130	130	130		Non-English specification				
147	2,520	147	2,520		For filing a request for reexamination				
112	920*	112	920*		Requesting publication of SIR prior to Examiner action				
113	1,840*	113	1,840*		Requesting publication of SIR after Examiner action				
115	110	215	55		Extension for reply within first month				
116	390	216	195		Extension for reply within second month				
117	890	217	445		Extension for reply within third month				
118	1,390	218	695		Extension for reply within fourth month				
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FEE CALCULATION									
1. BASIC FILING FEE									
Large Entity Fee	Fee	Small Entity Fee	Fee	Fee Description	Fee Paid				
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101	710	201	365	Utility filing fee	710				
106	320	206	160	Design filing fee					
107	490	207	245	Plant filing fee					
108	710	206	355	Reissue filing fee					
114	150	214	75	Provisional filing fee					
SUBTOTAL (1) (\$710)									
2. EXTRA CLAIM FEES									
Total Claims	12	-20**	= 0	X \$15	= \$0				
Independent Claims	2	-3**	= 0	X \$80	= \$0				
Multiple Dependent			X						
Large Entity Fee	Fee	Small Entity Fee	Fee	Fee Description	Fee Paid				
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid				
103	18	203	9	Claims in excess of 20					
102	80	202	40	Independent claims in excess of 3					
104	270	204	135	Multiple dependent claim, if not paid					
109	80	209	40	** Reissue independent claims over original patent					
110	18	210	9	** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2) (\$0)									
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SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Robert C. Colwell	Registration No. (Attorney/Agent)	27,431	Telephone 650-326-2400
Signature	<i>Robert C. Colwell</i>			Date September 25, 2001

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